

CAMPUS/ORGANIZATION: Jacksonville HS Band

STUDENT'S NAME: _____

JACKSONVILLE INDEPENDENT SCHOOL DISTRICT CONSENT FORM
CRIMINAL HISTORY RECORD INFORMATION

CONFIDENTIAL

SCHOOL VOLUNTEERS SHALL BE REQUIRED TO SIGN A STATEMENT OF CONSENT
ALLOWING THE DISTRICT TO OBTAIN THEIR CRIMINAL HISTORY RECORD, STEC
22.083/GKG (LOCAL).

Full Name _____
(Print) Last First Middle (Maiden Name)

Other name(s) that may appear on records _____

Social Security No. _____ Date of Birth _____

Sex: Male _____ Female _____ Ethnicity: Black _____ White/Other _____

**I understand the information I am providing about age, sex and ethnicity will be used *solely* for
the purpose of obtaining criminal history record information.**

SIGNATURE

DATE

NOTE: An incident on a criminal history that is less than 10 years prior to the date on the Consent Form will be reason for ineligibility. Incidents more that 10 years prior to the date on the Consent Form wil not b considered. Any incident that involves injury to a child or assault with a deadly weapon will be reason for ineligibility, regardless of when the incident occurred.